Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS4286HPC		B. WING		09/24/2010	
COMPASSION CAPE HOSPICE 4440 SOUT			DRESS, CITY, STATE, ZIP CODE  TH ARVILLE SUITE 12 AS, NV 89103				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
L 000	L 000 INITIAL COMMENTS			L 000			
	This Statement of Deficiencies was generated as a result of a State Relicensure Focused Survey conducted in your facility on 9/22/10 through 9/24/10, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.  A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  Fourteen patient files were reviewed. One Bereavement file was reviewed. Seventeen employee files were reviewed.						
			nts The sm(s)				
			l as				
The following regulatory deficiencies were identified:							
L 057	449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE			L 057			
	Every facility which p program of hospice of governing body which 2. Ensure that all set by the program of hospice consistent with accept practice for the care of patients.	are must have a n shall: rvices provided spice care are oted standards of					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS4286HPC			B. WING		09/24/2010		
NAME OF PROVIDER OR SUPPLIER STREET A			STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
			4440 SOUTH LAS VEGAS,		UITE 12		
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L 057	Continued From page	e 1		L 057			
	This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the agency governing body failed to ensure that services provided by the program were consistent with the patient's wishes for 1 of 14 patients. (Patient #7).  2. Review of the agency policy on Advanced Directives revealed a copy of the Advanced Directives will be placed in the patient's clinical record.  3. Review of patient record revealed lack of documented evidence of the patient's Advanced Directives and designation of a power of attorney (for healthcare decisions) for patient #7,		taff to n 1 of				
1,0000	Scope: 2 Severity			0000			
L9999	FINAL OBSERVATIO	INS		L9999			
	a medical facility or a shall have a: (a) Physical examina licensed physician tha good health, is free fro any other communical stage; and (b) Mantoux tubercul	nent, a person employe facility for the depende tion or certification from at the person is in a state om active tuberculosis a ble disease in a contag in skin test, including of bacillus Calmette-G	n a te of and gious				
	2-step Mantoux tuber had a single Mantoux the preceding 12 mon	o documented history oculin skin test and has tuberculin skin test with this, then a 2-step Manust be administered. A	not hin toux				

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		NVS4286HPC		D. WING		09/24/2010	
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COMPASSIONCARE HOSPICE				H ARVILLE S S, NV 89103	UITE 12		
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L9999	L9999 Continued From page 2 single annual Mantoux tuberculin skin test must be administered thereafter.  NAC 441A.375(4) An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.			L9999			
			ust				
	NAC 441A.375(6)	441A.375(6)					
	Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."		set				
	TB Testing Requirem						
	the dependent: Place suspected cases; suremployees.  1. A case having case considered to have medical facility or a famust be placed in Acand cared for in account.	acility for the dependent cid-fast bacilli (AFB) isolo ordance with Acid-fast b	ed : ation				
(AFB) precautions set forth in "Centers for Disease Control Guidelines for Isolation Precautions in Hospitals" and the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related							

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COMPAS	SIONCARE HOSPICE			H ARVILLE S S, NV 89103	OITE 12			
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L9999	Continued From page 5			L9999					
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